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FROM: Marcia A. Shutts
PHONE: (816) 292-8301
RE: Application No. 10/823,907
Filed: April 14, 2004
Inventor: Michael K. JOHNSON

DATE:
FILE NO.: 5009463-12

Total number of pages including this page: 6
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Following are:

Transmittal

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

Statement Under 37 CFR 3.73b

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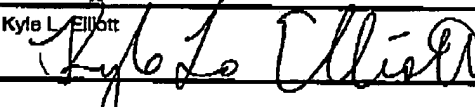
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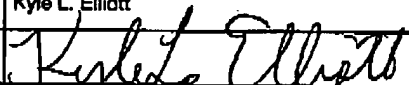
PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/823,907	RECEIVED CENTRAL FAX CENTER AUG 31 2004
	Filing Date	4-14-2004	
	First Named Inventor	Michael K. JOHNSON	
	Art Unit	3873	
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	5009463-12

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Statement Under 37 CFR 3.73b
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks Due to the change of POA, it is requested that the Attorney Docket Number be changed to 5009463-12	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kyle L. Elliott	
Signature		
Date	August 31, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Kyle L. Elliott	
Signature		Date August 31, 2004

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INDICATION FORM**

Application Number	10/823,907
Filing Date	4-14-2004
First Named Inventor	Michael K. JOHNSON
Title	LOW PROFILE HOSPITAL BED
Art Unit	3673
Examiner Name	
Attorney Docket Number	5009463-12

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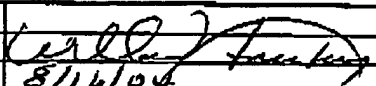
OR

<input type="checkbox"/> Firm or Individual Name	Spencer Fane Britt & Browne		
Address	1000 Walnut, Suite 1400		
Address			
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Country	USA	Zip	64108
Telephone	816-474-8100	Fax	816-474-3216

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name			
Signature			
Date	8/16/04	Telephone	800-537-6454

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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PTO/SB/88 (08-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Michael Karl JOHNSONApplication No./Patent No.: 10/823,907 Filed/Issue Date: Filed April 14, 2004Entitled: LOW PROFILE HOSPITAL BEDRave's, Inc. a a Kansas corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

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B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

8/16/04
Date

800-537-6454
Telephone number

William Erickson
Typed or printed name
William Erickson
Signature

CEO
Title

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